

EXHIBIT 5

**Bureau of Prisons
Health Services
Medication Summary
Current as of 07/30/2021 09:11**

Complex: RCH--ROCHESTER FMC	Begin Date: N/A	End Date: N/A
Inmate: MANNA, LOUIS ANTHONY	Reg #: 09211-050	Quarter: C01-201L

Medications listed reflect prescribed medications from the begin date to end date on this report.

Allergies:

<u>Allergy</u>	<u>Reaction</u>	<u>Date Noted</u>
Penicillin V	Rash	07/17/2008
Sulfamethoxazole-TMP DS	Rash	07/17/2008
Peanut-containing Drug Products	Anaphylaxis	10/10/2017

Active Prescriptions

amLODIPine 5 MG TAB UD

Take one tablet (5 MG) by mouth each evening ***pill line***

Rx#: 517482-RCH **Doctor:** Nassaralla, Claudia M.D.

Start: 05/06/21 **Exp:** 11/02/21

Pharmacy Dispensings: 88 TAB in 85 days

Acetaminophen 325 MG Tab UD

Take one tablet (325 MG) by mouth four times daily as needed for pain > 2/10 ***pill line***

Rx#: 517483-RCH **Doctor:** Nassaralla, Claudia M.D.

Start: 05/06/21 **Exp:** 11/02/21

Pharmacy Dispensings: 0 TAB in 85 days

hydrALAZINE 25 MG Tab UD

Take one tablet (25 MG) by mouth every eight hours AS NEEDED for systolic for blood pressure above 160 and diastolic above 80 ***pill line***

Rx#: 517486-RCH **Doctor:** Nassaralla, Claudia M.D.

Start: 05/06/21 **Exp:** 11/02/21

Pharmacy Dispensings: 0 TAB in 85 days

Hydrocortisone Ointment 1%, 30 GM

apply thin layer topically to affected areas of hands each morning and at bedtime ***pill line***

Rx#: 517487-RCH **Doctor:** Nassaralla, Claudia M.D.

Start: 05/06/21 **Exp:** 11/02/21

Pharmacy Dispensings: 30 GM in 85 days

Lisinopril 2.5 MG Tab UD

Take three tablets (7.5 MG) by mouth each day ***pill line***

Rx#: 517488-RCH **Doctor:** Nassaralla, Claudia M.D.

Start: 05/06/21 **Exp:** 11/02/21

Pharmacy Dispensings: 264 TAB in 85 days

Loratadine 10 MG Tab UD

Take one tablet (10 MG) by mouth daily **non-formulary approved until: 7/13/22 ***pill line***

Rx#: 517489-RCH **Doctor:** Nassaralla, Claudia M.D.

Start: 05/06/21 **Exp:** 11/02/21

Pharmacy Dispensings: 88 Tab in 85 days

Complex: RCH--ROCHESTER FMC
Inmate: MANNA, LOUIS ANTHONY

Begin Date: N/A
Reg #: 09211-050

End Date: N/A
Quarter: C01-201L

Active Prescriptions

Petroleum, White Gel [368 GM]

Apply thin layer topically to affected areas twice daily at noon and at bedtime ***pill line***

Rx#: 517490-RCH **Doctor:** Nassaralla, Claudia M.D.

Start: 05/06/21 **Exp:** 11/02/21

Pharmacy Dispensings: 0 gm in 85 days

Vanishing Cream 453 GM

mix with hydrocortisone and apply thin layer to hands and arms twice daily **non-formulary approved until: 11/16/22 ***pill line***

Rx#: 517491-RCH **Doctor:** Nassaralla, Claudia M.D.

Start: 05/06/21 **Exp:** 11/02/21

Pharmacy Dispensings: 453 GM in 85 days

Cholecalciferol (Vit D) 50,000 UNIT (1.25 mg)Cap

Take one capsule by mouth every 4 weeks on Saturdays ***pill line***

Rx#: 517484-RCH **Doctor:** Nassaralla, Claudia M.D.

Start: 05/15/21 **Exp:** 11/11/21

Pharmacy Dispensings: 3 CAP in 76 days

Cyanocobalamin (Vit B-12) 1000 MCG/ML Inj 1 ml

1000mcg (1ml) Intra-Muscularly monthly ***pill line***

Rx#: 517485-RCH **Doctor:** Nassaralla, Claudia M.D.

Start: 05/28/21 **Exp:** 11/24/21

Pharmacy Dispensings: 0 ML in 63 days

Active OTC

<u>Medication</u>	<u>OTC Source</u>	<u>Start Date</u>	<u>Stop Date</u>
Capsaicin Cream 0.025% (60GM)	Commissary-Recommended	10/09/2019	
Order Details: ASAA back TID			
Tolnaftate Cream 1% (OTC) 30 GM	Commissary-Recommended	03/19/2018	
Order Details: apply small blob to affected areas twice a day for 14 days			

Bureau of Prisons Health Services Clinical Encounter

Inmate Name: MANNA, LOUIS ANTHONY		Reg #: 09211-050
Date of Birth: 12/02/1929	Sex: M Race: WHITE	Facility: RCH
Encounter Date: 05/05/2021 11:19	Provider: Nassaralla, Claudia M.D.	Unit: C01

Physician - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Nassaralla, Claudia M.D.

Chief Complaint: GENERAL

Subjective: QUARTERLY MEDICAL EVALUATION

Mr. Manna is a 91 years old man who was transferred from FCI Schuylkill, PA to FMC Rochester, MN on 1/15/20 after developing a severe lower back pain about 3 months and being unable to do his instrumental activities of daily living in a main institution. The lower back pain has improved and now he is able to walk without his cane or walker.

His past medical history is significant for:

1. Hypertension
2. Heart Murmur
3. Intermittent AV block, possible
4. Hyperlipidemia
5. Prediabetes
6. Vitamin D deficiency
7. Vitamin B12 deficiency
8. History of GERD
9. Duodenal Tubular adenoma (9/1/2016)
10. History of appendectomy at the age of 12~13
11. History of cecum carcinoma in 1995
12. Status post partial colectomy in 1995
13. Status post chemotherapy with fluorouracil plus levamisole for 12 months, per patient
14. Inguinal hernia, right symptomatic
15. History of constipation
16. Diverticulosis
17. History of hemorrhoids
18. History of TURP in 1977
19. History of prostate cancer (Gleason score 2+2) in 1995
20. Status post prostatectomy in 1995
21. History of nephrolithiasis (last episode in the 1990's)
22. History of urinary incontinence
23. History of UTI, recurrent
24. History of genital warts in scrotum s/p cauterization (?)
25. Hand tremor, bilateral
26. Neck pain
27. Lower back pain
28. Right foot drop
29. History of left 3th, 4 th and 5th fingers fracture dislocation in 2013
30. Eczema with severe fissuring of hands
31. History of recurrent right leg cellulitis
32. Dry skin
33. Onychomycosis
34. Hearing loss
35. Decreased visual acuity
36. History of latent TB Infection
37. History of broken nose
38. History of tonsillectomy at the age of 5

Pain: Not Applicable

Inmate Name: MANNA, LOUIS ANTHONY	Sex: M	Race: WHITE	Reg #: 09211-050
Date of Birth: 12/02/1929	Provider: Nassaralla, Claudia M.D.	Facility: RCH	Unit: C01
Encounter Date: 05/05/2021 11:19			

COMPLAINT 2 Provider: Nassaralla, Claudia M.D.

Chief Complaint: GENERAL

Subjective: GERIATRIC SYNDROMES

Cognitive impairment: denies memory loss. MOCA score was not reliable due to his hearing loss.

Falls: no fall in the past 3 months

Incontinence: leakage of urine. However, it is getting better with Kegel exercises.

Bowel problems: h/o constipation. He is not feeling constipated.

Depression or anxiety: denies

Sleep disturbance: denies

Sensory impairments: uses glasses, problems hearing

Weight/nutrition: His weight is 142.2 lbs with BMI of 23.7. His weight has been stable for the past 3 months.

FUNCTIONAL STATUS:

Mobility: cane

ADLs: independent with feeding, dressing, grooming and bathing. He leaks a little urine since his prostatectomy and uses a cane to ambulate.

IADLs: He needs help with medication management and in using a computer. However, he states that he could learn how to use a computer and manage his medications if needed.

He complained of a skin discoloration with some itching on the left upper maxillary area.

Pain: Not Applicable**COMPLAINT 3** Provider: Nassaralla, Claudia M.D.

Chief Complaint: HYPERTENSION

Subjective: 1. Hypertension

Mr. Manna has a longstanding history of hypertension which has been poorly controlled, since his arrival at FMC Rochester, his blood pressure level has been ranging from 155~100/70~60 mmHg with an average of 135/65 mmHg. His heart rate has been ranging from 60 to 50 bpm with an average of 62 bpm. During the past 3 months, Mr. Manna had one episode of urgency hypertension with BP as high as, 210/100 mmHg after returning from a visit at a outside facility. The elevated BP was controlled and returned to his normal range.

He is currently receiving:

+ Amlodipine 5 mg daily

+ Lisinopril 7.5 mg daily

+ Hydralazine 25 mg q8hours, PRN

HT & WT (BMI calculation) (5/6/21) - HT, 65 inches; WT, 142.2 lbs; BMI, 23.7

ECG (8/29/20)

CXR (1/16/20)

Lipid profile fasting (2/1/21) - TC, 233 (H); TG, 160 (H); HDL, 37 (L); LDL, 154 (H)

CMP, TSH, CBC (2/1/21)

HA1C (2/1/21) - 5.3%

Creatinine, BUN & GFR (4/13/21) - Cr, 1.47 (H); BUN, 26 (H); eGFR, 45

Urinalysis (2/1/21)

Fundoscopy- 2/19/21; Next 2/2022

Flu vac- 10/6/20

Pneumococcal vac -two doses (11/15/15; 11/16/17)

Moderna COVID-19 vaccine - 1st dose, 2/22/21; 2nd dose, 3/17/21

Dental screening & evaluation - 1/24/20

Pain: Not Applicable**COMPLAINT 4** Provider: Nassaralla, Claudia M.D.

Chief Complaint: CARDIAC

Subjective: 2. Heart Murmur

3. Intermittent AV block, possible

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Mr. Manna states that he has had a heart murmur for as long as he remembers. Unfortunately, there is no echocardiogram report in BMER. He stated that he had an echocardiogram done in FMC Butner, NC in 1995 in preparation for this right side colectomy and radical prostatectomy. He denies a history of rheumatic fever. His murmur is a loud systolic murmur best heard throughout the precordium.

His ECG of 1/15/20 showed a possible intermittent AV block.

On 2/22/20, his echocardiogram showed:

1. "OUTSIDE ECHOCARDIOGRAM (done 11-Feb-20 at the FMC in Rochester, MN):
2. Normal left ventricular size; normal systolic function; calculated ejection fraction 61%.
3. No regional wall motion abnormalities.
4. Mild calcific aortic valve stenosis: uncorrected mean gradient 12 mm Hg, valve area 1.6 cm².
5. Calcified mitral annulus; trivial mitral valve regurgitation; mild left atrial enlargement.
6. Normal right ventricular size; normal systolic function; estimated RV systolic pressure 28 mm Hg.
7. Trivial tricuspid valve regurgitation; mild right atrial enlargement.
8. Normal inferior vena cava size with normal inspiratory collapse (>50%)."

Pain: Not Applicable

COMPLAINT 5 Provider: Nassaralla, Claudia M.D.

Chief Complaint: CARDIAC

Subjective: (cont.)

On 9/26/20, he had a 24-hour Holter showed:

1. "The basic rhythm was sinus with rare brief periods of ectopic atrial rhythm. The heart rate varied from 45 to 95 bpm. The average heart rate was 57 bpm. One pause that measure 2.08 seconds was noted.
2. Rare single VPCs were seen.
3. Frequent SVPCs were seen singly, paired, in atrial bigeminy and in six runs of supraventricular tachycardia up to 8-beats in duration. The maximum SVT rate was 136 bpm. Aberrantly conducted beats occurred singly, paired and in a series. Counts may be somewhat inaccurate due to the atrial bigeminy.
4. ST depression did not exceed preset criteria.
5. The patient reported the symptom "palpitations" in the diary. At and near that time the ECG strips showed sinus rhythm with frequent SVPCs occurring singly and paired. The heart rate varied from 45 to 55 bpm."

On 9/3/20, he had a cardiology consultation who recommended:

1. Regarding his mild calcific aortic stenosis:
+ surveillance echocardiography every 2-3 years or sooner should he develop any worrisome symptoms.
2. In terms of his frequent supraventricular ectopy:
+ may consider the addition of beta-blockade (metoprolol) to his regime with close attention to any presyncopal symptoms.
+ obtain an overnight oximetry study to assess for an underlying sleep disorder such as obstructive sleep apnea.
3. Regarding his hypertension:
+ an increase in his amlodipine or lisinopril doses.
4. Regarding his hyperlipidemia, his LDL is elevated at 171.
+ consider initiation of statin therapy to achieve an LDL goal less than 100.

Patient agreed with the increase of amlodipine. However, he did not tolerate it. He declined the initiation of a statin. His overnight oximetry was normal.

Pain: Not Applicable

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Encounter Date: 05/05/2021 11:19			

COMPLAINT 6 Provider: Nassaralla, Claudia M.D.

Chief Complaint: ENDO/LIPID

Subjective: 4. Hyperlipidemia

Mr. Manna has a history of hyperlipidemia. In the past, he was treated with simvastatin, lovastatin and niacin. His was last receiving simvastatin 40 mg in the evening. However, this prescription expired on 4/25/2015 and was not renewed. This provider was unable to find a note explaining why the prescription of simvastatin was not renewed.

His fasting lipid profile of 2/1/21 showed TC, 223(H); TG, 160 (H); HDL, 37(L); LDL, 154 (H).

Unfortunately, the cholesterol calculator has not been validated to be used for patients older than 79 years. Therefore, there is no reliable way to calculate his risk for cardiovascular event.

On 9/6/20, cardiology recommended the initiation of a statin. Unfortunately, Mr. Manna did not want to take a statin and decided to continue with on non-pharmacological intervention, such as diet and lifestyle change. He still did not want to be started on statin. Will repeat a fasting lipid profile in 6 months (i.e., 8/2021).

5. Prediabetes

Mr. Manna had a HA1c of 5.8% on 8/6/19; 5.2% on 1/16/20. His last HA1c of 2/1/21 was 5.3% and his fasting glucose level was 91. He is currently on a diet control. Will continue monitoring.

6. Vitamin D deficiency

On 1/16/20, Mr. Manna's vitamin D 25-hydroxy level was found to be 9.5 (L). He was started on vitamin D3 50,000 units weekly for 8 weeks. The repeated of vitamin D 25-hydroxy level of 53.3 on 2/2/21. He is on vitamin D3 every 4 weeks.

7. Vitamin B12 deficiency

Mr. Manna has a history of vitamin B12 deficiency which could be as a consequence of his right side colectomy in 1995. His vitamin B12 level of 1/16/20 was less than 211. He is on a vitamin B12 supplementation. His last vitamin B12 level was 1017 on 2/1/21.

Pain:

Not Applicable

COMPLAINT 7 Provider: Nassaralla, Claudia M.D.

Chief Complaint: GASTROINTESTINAL

Subjective: 8. History of GERD

9. Duodenal Tubular adenoma (9/1/2016)

His first EGD was done on 4/22/1995 when he was hospitalized with GI bleeding and anemia. The EGD showed gastric ulcers. The was treated for some time with ranitidine.

His last EGD was on 9/1/16 for the indication of dyspepsia and GERD which showed:
"+ moderate esophagitis seen in the GE junction.

+ normal stomach

+ nodular appearance in the 2nd portion

+ chronic GERD

+ nodular duodenum confirm a benign versus malignant change"

The pathology report revealed tubular adenoma in the duodenum; chronic inflammation of the gastric type mucosa; negative for Barrett's esophagus.

GI recommended:

+ CT abdomen, with and without contrast

+ follow up appointment

- On 10/5/16, he had a follow up visit with GI who wrote "on his upper endoscopy, he had a polypoid lesion in the second portion in the area of the ampulla Vater. This biopsy revealed a benign adenoma. This location would be difficult to remove and likely require mucosal resection." GI recommended:

+ Duodenal adenoma: "This would be difficult to remove and would carry some definite risks in this 86-year-old. Depending on the depth invasion and size, exact risks and technical

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 Facility: RCH
 Unit: C01

feasibility of removing such could be better identified. Therefore, I am recommending an endoscopic ultrasound to identify the depth and size of this lesion and whether it is resectable."

This provider was unable to find an report for an endoscopic ultrasound. A consultation for an endoscopic ultrasound was placed and discontinued on 12/5/16 by Dr. McGann who wrote "it was explained to the inmate that there are risks given the inmate's age and uncontrolled blood pressure. He has decided not to proceed with further work up."

Mr. Manna informed this provider that he was told that the risk of an intervention was high and nothing was done. He also stated that he would like to have the duodenal polyp further evaluated at this time.

Pain: Not Applicable

COMPLAINT 8 Provider: Nassaralla, Claudia M.D.

Chief Complaint: GASTROINTESTINAL

Subjective: (cont.)

- On 7/9/20, he had a GI evaluation. GI stated "I am quite concerned about the risk benefit ratio of additional endoscopic evaluation in this asymptomatic patient given his uncontrolled hypertension, unclear history of heart failure, and advanced age. The risk benefit ratio does not support additional colonoscopy or upper endoscopy at this time. The likelihood of the duodenal polyp being malignant seems exceedingly low given the fact that it has been 5 years since it was diagnosed and he remains asymptomatic. Extensive duodenal endoscopic mucosal resection or possible Whipple procedure would be high risk in this patient."

On 3/18/21, Mr. Manna had a GI evaluation who recommended a CT colonography to evaluate duodenum and colon as well. If CT colonography is negative then one can proceed with a video swallow with barium esophagogram to evaluate his swallowing problem. "If abnormalities are noted in the duodenum or colon we can then discuss specific risks and benefits with follow-up procedures. If an upper endoscopy is to be done at that stage, his dysphagia could also be evaluated."

10. History of appendectomy at the age of 12~13

Pain: Not Applicable

COMPLAINT 9 Provider: Nassaralla, Claudia M.D.

Chief Complaint: GASTROINTESTINAL

Subjective: 11. History of cecum carcinoma in 1995

12. Status post partial colectomy in 1995

13. Status post chemotherapy with fluorouracil plus levamisole for 12 months, per patient

On 4/21/95, Manna was hospitalized with a GI bleeding and anemia. He had an EGD and colonoscopy done on 4/22/1995. The colonoscopy showed 4 to 5 cm polypoid, ulcerated, friable mass in the cecum; 7 cm sessile polyp adjacent to this mass; and multiple polyps. The pathology reported that the polyp mass in the cecum was moderately differentiated adenocarcinoma. The remained polyps were tubular adenoma and hyperplastic. Mr. Manna was transferred to FMC Butner, NC where he had his partial right side colectomy.

This provider has no access to the operative report and pathology report. There are old medication administration records indicating that Mr. Manna received a chemotherapy which consisted of a combination of fluorouracil and levamisole. Unfortunately, there is no records available to this provider of the number of cycles and duration of the chemotherapy. His last colonoscopy was on 9/1/2016 which showed a normal colon without polyps.

- On 7/9/20, he had a GI evaluation. GI stated "I am quite concerned about the risk benefit ratio of additional endoscopic evaluation in this asymptomatic patient given his uncontrolled hypertension, unclear history of heart failure, and advanced age."

Will request a follow up visit with GI since cardiology has cleared him for procedures.

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- On 9/3/20, Mr. Manna had a cardiology consultation who did not see any cardiology impediment for EGD and/or colonoscopy.

14. Inguinal hernia, right asymptomatic
This is an radiological finding of his CT abdomen done on 8/12/2016.

Pain: Not Applicable

COMPLAINT 10 Provider: Nassaralla, Claudia M.D.

Chief Complaint: GASTROINTESTINAL

Subjective: 15. History of constipation
16. Diverticulosis
17. History of hemorrhoids

Mr. Manna has a history of constipation, hemorrhoids and radiological evidence of diverticulosis. Today, he had no complains of constipation. He stated that he is having 3 formed bowel movements a day. He was unable to tell the Bristol Stool Form Type. However, he stated that these are soft and he did not need to strain to have a BM. He also denies hemorrhoids and blood in the stool. He is currently not any bowel program. He believes his current diet with fruits and vegetables are sufficient to keep him regular. He was recommended to drink plenty of fluid and inform this provider in case of constipation. Will continue monitoring.

Pain: Not Applicable

COMPLAINT 11 Provider: Nassaralla, Claudia M.D.

Chief Complaint: Urinary Problem

Subjective: 18. History of TURP in 1977
19. History of prostate cancer (Gleason score 2+2) in 1995
20. Status post prostatectomy in 1995

In 1995, he was found to have a nodule in his prostate. He underwent a prostate biopsy on 3/9/1995 which revealed a focal well differentiated adenocarcinoma, Gleason score 2+2. He had a bone scan done which has negative for bone metastasis. Mr. Manna stated that that he was transferred to FMC Butner, NC and had a radical puboprostic prostatectomy. The limited record available showed that he was diagnosed with prostate carcinoma stage 3, grade II. After his surgery, he experienced some urinary incontinence which has improved through the years. He is still doing Kegel exercises and leaks urine when he drinks too much.

His PSA was less than 0.02 on 2/2/21.

21. History of nephrolithiasis (last episode in the 1990's)
22. History of urinary incontinence
23. History of UTI, recurrent

Mr. Manna states that he has had several episodes of UTIs recently which were treated with antibiotics. His most recent urinalysis and urine culture showed that his bladder is colonized with E.coli resistant to penicillin. He has not symptoms or signs of an urinary tract infection. He denies fever, lower abdominal pain, flank pain, frequency of urination, pain with urination, blood in the urine etc. Will continue monitoring.

24. History of genital warts in scrotum s/p cauterization
Mr. Manna is unaware of any history of genital warts. He stated that he had a growth in his scrotum which was cauterized. However, he was never informed that he had genital warts.

Pain: Not Applicable

COMPLAINT 12 Provider: Nassaralla, Claudia M.D.

Chief Complaint: NEUROLOGY

Subjective: 25. Hand tremor, bilateral

Mr. Manna said that in the past he had tremor on his hands which went away. However, since he experienced the severe lower back pain about 3 months ago, the tremor has restarted. His tremor is concerning for Parkinson's disease versus Parkinsonism.

On 4/23/20, Mr. Manna had an e-consultation with neurology. Neurology recommended:

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"A. We need face-to-face examination and we will try to arrange that as soon as possible given the pandemic.
B. After the examination I would recommend initiating medication approach unless we think differently from the need for further testing.
C. Before that appointment I recommend completion of testing for copper level, B12, manganese."

Will request copper, vitamin B12 and manganese levels. Will also request a face-to-face neurology appointment.

Pain: Not Applicable

COMPLAINT 13 Provider: Nassaralla, Claudia M.D.

Chief Complaint: NEUROLOGY

Subjective: 26. Neck pain
27. Lower back pain, resolved
28. Right foot drop
He stated that his lower back pain started about 3 months ago. At that time, the pain was 10/10 and he could barely get out his bed or walk. He no longer complains of lower back pain.

On 4/23/20, Mr. Manna had an e-consultation with neurology. Neurology recommended:
A. MRI of the lumbar spine
B. EMG and nerve conduction studies

On 4/15/21, he had a MRI of L-spine which showed as per radiology:
"+ Focal disc extrusion at the L4 interspace with both superior and inferior migration of disc material away from the interspace compresses the traversing right L5 nerve root. This could account for a right L5 radiculopathy.
+ Multiple additional potential pain generators from advanced multilevel lumbar spondylosis, prominent disc osteophyte complex at the L4 interspace, moderate central canal stenosis at the L2, L3, and L4 interspaces, and moderate degenerative L4-5 neural foraminal narrowing bilaterally."

On 4/19/21, Mr. Manna had an Electromyography which showed "electrodiagnostic evidence of:
#1) multiple chronic cervical and lumbosacral radiculopathy affecting all tested segments;
#2) superimposed severe right L4/5 radiculopathy with evidence of ongoing/uncompensated denervation;
#3) superimposed length-dependent sensory and motor predominantly axonal peripheral neuropathy;
#4) right median mononeuropathy at the wrist as seen in carpal tunnel syndrome. A polyradiculoneuropathy cannot be excluded, although there is no noted progression over the years per patient's report."

Neurology reviewed the above studies and recommended a Neurosurgery evaluation which is currently pending.

Pain: 29. History of left 3th, 4th and 5th fingers fracture dislocation in 2013
Not Applicable

COMPLAINT 14 Provider: Nassaralla, Claudia M.D.

Chief Complaint: Skin Problem

Subjective: 30. Eczema with severe fissuring of hands
31. History of recurrent right leg cellulitis
32. Dry & itchy skin
Mr. Manna has an atrophic dry skin. The skin of his hands have multiple small fissures and legs are dry. He has had recurrent episodes of right leg cellulitis. He has been evaluated by dermatology in the past and placed topical corticosteroids.

On 3/11/20, Mr. Manna had a dermatology consultation. Dermatology recommended

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+ sensitive skin care with the use of Dove were equivocal and mild soaps for cleansing.
 + use limit soap use to hands ,axilla, groin, and genital area .
 + Vanicream twice daily to involved areas with an application of Vaseline to the hands at bedtime.
 + Follow-up 1-2 months

On 12/10/20, he had a follow up visit with dermatology for a lesion on his ear. A bunch biopsy was done and the pathology was negative for cancer.

He has a new area of discoloration on the left upper maxillary region which per patient is also itchy. He has been applying some of the hydrocortisone he uses in the hands to the face which is helping.

33. Onychomycosis

He is using Terbinafine HCl Cream 1 % to his toenails to help managing his onychomycosis and prevent recurrent cellulitis. He is followed by podiatry for toenail trimming.

Pain: 34. Tinea pedis, resolved
 Not Applicable

COMPLAINT 15 Provider: Nassaralla, Claudia M.D.

Chief Complaint: Ears/Hearing Problem

Subjective: 34. Hearing loss

Mr. Manna is hard of hearing. His hearing screening test showed moderately severe hearing loss in the left and profound hearing loss on the right for his frequencies. The audiology appointment is still pending due to delays secondary to COVID-19 pandemic.

Pain: Not Applicable

COMPLAINT 16 Provider: Nassaralla, Claudia M.D.

Chief Complaint: Eyes/Vision Problems

Subjective: 35. Decreased visual acuity

On 2/19/21, he had an optometry. Optometry ordered a new pair of glasses and recommended a follow up visit in 12 months.

Pain: Not Applicable

COMPLAINT 17 Provider: Nassaralla, Claudia M.D.

Chief Complaint: INFECTIOUS DISEASE

Subjective: 36. History of latent TB Infection

His PPD was 10 mm on 7/26/1988. He has no signs or symptoms of active TB. Will monitor.

Pain: Not Applicable

COMPLAINT 18 Provider: Nassaralla, Claudia M.D.

Chief Complaint: GENERAL

Subjective: 37. History of broken nose

He states that he broke his nose when he was young and has problems with sinusitis ever since.

Pain: 38. History of tonsillectomy at the age of 5
 Not Applicable

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
04/30/2021	21:20 RCH	97.3	36.3		Linde, A. RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
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Inmate Name: MANNA, LOUIS ANTHONY	Reg #: 09211-050
Date of Birth: 12/02/1929	Sex: M Race: WHITE Facility: RCH
Encounter Date: 05/05/2021 11:19	Provider: Nassaralla, Claudia M.D. Unit: C01

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
04/30/2021	21:20 RCH	58			Linde, A. RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
04/30/2021	21:20 RCH	16	Linde, A. RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
04/30/2021	21:20 RCH	118/62				Linde, A. RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
04/30/2021	21:20 RCH	98	Room Air	Linde, A. RN

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
05/05/2021	10:01 RCH	142.2	64.5		Chezick, Ryan RN
04/28/2021	10:27 RCH	143.0	64.9		Horvath, Amber RN

witnessed, standing

Exam:**General****Affect**

Yes: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

Nutrition

Yes: Adequate food intake

Skin**General**

Yes: Dry, Atrophic

Head**General**

Yes: Atraumatic/Normocephalic

Eyes**General**

Yes: Extraocular Movements Intact

Periorbital/Orbital/Lids

Yes: Normal Appearing

Face**General**

Yes: Symmetric

Lips**General**

Yes: Within Normal Limits

Mouth

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Reg #: 09211-050
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General

Yes: Within Normal Limits

Mucosa

Yes: Within Normal Limits

No: Lesion(s)

Teeth

Yes: Within Normal Limits

Tongue

No: Lesion(s)

Neck

General

Yes: Symmetric

No: Lymphadenopathy

Pulmonary

Observation/Inspection

Yes: Within Normal Limits

Auscultation

Yes: Clear to Auscultation

Cardiovascular

Observation

Yes: Within Normal Limits

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

Peripheral Vascular

General

No: Pitting Edema

Abdomen

Inspection

Yes: Within Normal Limits

Auscultation

Yes: Normo-Active Bowel Sounds

Palpation

Yes: Soft

No: Tenderness on Palpation, Suprapubic Tenderness, Flank Tenderness

Neurologic

Motor System-Involuntary

Yes: Resting Tremors (Static)

Exam Comments

SKIN: dry atrophic skin (LE >UE); discoloration in the L upper maxillary area

TEETH: fixed bridge; missing a few teeth

HEART: crescendo-decrescendo systolic murmur heard throughout the precordium

EXTREMITY: no pitting edema lower extremities; using JOBST stockings

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Encounter Date: 05/05/2021 11:19		Unit: C01

NEUROLOGY: Right drop foot using a AFO; resting tremor in the hands (R>L)

ASSESSMENT:

Hypertension, Unspecified essential, 401.9 - Current

LTBI Prophylaxis Refused, 795.5D - Current

Age-related cataract, H259 - Current

Dermatitis, unspecified, L309 - Current

Foot drop, unspecified foot, M21379 - Current

Inguinal hernia, K4090 - Current

Nonrheumatic aortic valve disorder, unspecified, I359 - Current

Other disorder of the skin and subcutaneous tissue, L988 - Current

Radiculopathy, site unspecified, M5410 - Current - *EMG & MRI L-spine (4/2021) - evidence of multiple chronic cervical and lumbosacral radiculopathy*

Tinea pedis, B353 - Current

Tinea unguium, B351 - Current

Urinary incontinence, R32 - Current

Vitamin B deficiency, E539 - Current

Vitamin D deficiency, E559 - Current

PLAN:

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>
510974-RCH	Acetaminophen 325 MG Tab UD	05/05/2021 11:19
	<u>Prescriber Order:</u> Take one tablet (325 MG) by mouth four times daily as needed for pain > 2/10 PRN x 180 day(s) Pill Line Only	
	Indication: Inguinal hernia, Low back pain	
510973-RCH	amLODIPine 5 MG TAB UD	05/05/2021 11:19
	<u>Prescriber Order:</u> Take one tablet (5 MG) by mouth each evening x 180 day(s) Pill Line Only	
	Indication: Hypertension, Unspecified essential	
510975-RCH	Cholecalciferol (Vit D) 50,000 UNIT (1.25 mg)Cap	05/05/2021 11:19
	<u>Prescriber Order:</u> Take one capsule by mouth every 4 weeks on Saturdays x 180 day(s) Pill Line Only	
	Indication: Vitamin D deficiency	
510976-RCH	Cyanocobalamin (Vit B-12) 1000 MCG/ML Inj 1 ml	05/05/2021 11:19
	<u>Prescriber Order:</u> 1000mcg (1ml) Intra-Muscularly monthly x 180 day(s) Pill Line Only	
	Indication: Vitamin B deficiency	
514467-RCH	hydrALAZINE 25 MG Tab UD	05/05/2021 11:19
	<u>Prescriber Order:</u> Take one tablet (25 MG) by mouth every eight hours AS NEEDED for systolic for blood pressure above 160 and diastolic above 80 PRN x 180 day(s) Pill Line Only	
	Indication: Hypertension, Unspecified essential	
510978-RCH	Hydrocortisone Ointment 1%, 30 GM	05/05/2021 11:19

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Sex: M Race: WHITE
 Provider: Nassaralla, Claudia M.D.

Reg #: 09211-050
 Facility: RCH
 Unit: C01

Renew Medication Orders:

Rx#	Medication	Order Date
	Prescriber Order: apply thin layer topically to affected areas of hands each morning and at bedtime x 180 day(s) Pill Line Only Indication: Dermatitis, unspecified	
510979-RCH	Lisinopril 2.5 MG Tab UD	05/05/2021 11:19
	Prescriber Order: Take three tablets (7.5 MG) by mouth each day x 180 day(s) Pill Line Only Indication: Hypertension, Unspecified essential	
510980-RCH	Loratadine 10 MG Tab UD	05/05/2021 11:19
	Prescriber Order: Take one tablet (10 MG) by mouth daily **non-formulary approved until: 7/13/22 x 180 day(s) Pill Line Only Indication: Dermatitis, unspecified, Unspecified skin changes	
510982-RCH	Petroleum, White Gel [368 GM]	05/05/2021 11:19
	Prescriber Order: Apply thin layer topically to affected areas twice daily at noon and at bedtime x 180 day(s) Pill Line Only Indication: Dermatitis, unspecified	
510983-RCH	Vanishing Cream 453 GM	05/05/2021 11:19
	Prescriber Order: mix with hydrocortisone and apply thin layer to hands and arms twice daily **non-formulary approved until: 11/16/22 x 180 day(s) Pill Line Only Indication: Dermatitis, unspecified	

New Laboratory Requests:

Details	Frequency	Due Date	Priority
Lab Tests-C-Copper	One Time	05/10/2021 00:00	Routine
Lab Tests-V-Vitamin B12			
Lab Tests-M-Manganese, Whole Blood			

Discontinued Consultation Requests:

Consultation/Procedure	Target Date	Scheduled Target Date	Priority	Translator	Language
Dermatology	04/09/2021	04/09/2021	Routine	No	English

Subtype:

OFFsite Dermatology appt

Reason for Request:

91 yo man with a lesion in the helix of R ear which is erythematous, indurated and painful. He was evaluated by Dermatology on 12/17/20 who recommended a biopsy of the R ear lesion. Unfortunately, this would involve the cartilage and was not done. Request an off-site dermatology consultation for this patient.

Provisional Diagnosis:

lesion in the helix of R ear

Additional Records Required for Consultation:

Complete Record

New Non-Medication Orders:

Order	Frequency	Duration	Details	Ordered By
Vitals	Weekly	365 days		Nassaralla, Claudia M.D.
	Order Date:	05/05/2021		
Weight	Weekly	365 days		Nassaralla, Claudia M.D.
	Order Date:	05/05/2021		

Inmate Name: MANNA, LOUIS ANTHONY
 Date of Birth: 12/02/1929
 Encounter Date: 05/05/2021 11:19

Sex: M Race: WHITE
 Provider: Nassaralla, Claudia M.D.

Reg #: 09211-050
 Facility: RCH
 Unit: C01

Discontinued Non-Medication Orders:

<u>Order</u>	<u>Frequency</u>	<u>Duration</u>	<u>Details</u>	<u>Ordered By</u>
Vitals	Weekly	365 days	Discontinue Reason: <i>Renewed</i> Order Date: 08/14/2020 End Date: 08/13/2021	Nassaralla, Claudia M.D.
Weight	Weekly	365 days	Discontinue Reason: <i>Renewed</i> Order Date: 06/27/2020 End Date: 06/23/2021	Holman, Jessica RN

Other:

1. HTN
2. Heart murmur
3. Possible intermittent AV block
 - on amlodipine & lisinopril
 - on hydralazine PRN
2. HLD
 - on diet control
3. Prediabetes
 - diet control
4. Vit D deficiency/Vit B12 deficiency
 - on vit D & B12 sup
5. Duodenal Tubular adenoma
6. H/O cecum carcinoma in 1995
7. S/P partial colectomy in 1995
8. S/P chemotherapy for 12 months, per patient
 - last EGD & colonoscopy 2016
 - pending CT colonography
9. Inguinal hernia, right asymptomatic
 - observe
10. Diverticulosis/Hemorrhoids
 - observe
 - monitor for constipation
11. H/O prostate cancer in 1995
12. S/P prostatectomy in 1995
 - continue monitoring
13. H/O nephrolithiasis
 - encourage fluid intake
14. H/O urinary incontinence
15. H/O UTI, recurrent/ bladder colonized with E coli
 - encourage fluid intake

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- prevent constipation

16. Hand tremor, bilateral

- pending neurology r/o Parkinson's Disease

17. Neck pain

18. Lower back pain

19. Right foot drop

20. Chronic Cervical and lumbar radiculopathies

- pending neurosurgery consultation

- on acetaminophen

- uses AFO R-foot

20. Eczema with severe fissuring of hands

21. Dry & pruritus to L maxillary area

- continue with moisturizing cream & Vaseline & hydrocortisone

22. Onychomycosis

- follow on Moore, APRN-BC

23. Tinea pedis, resolved

24. Hearing loss

- pending audiology cons

25. Visual loss

- next optometry cons (2/2022)

26. Preventive services

PPD- 10 mm (1988) - LTBI

Colon Cancer - h/o Colon CA; last colonoscopy 9/1/16 - no polyps

AAA Screen - CT abdomen on 8/12/16 - negative for AAA

Immunization - UTD

Cognition - repeat MOCA test after hearing loss is addressed

27. Disposition

- remain at NCC unit

- Medical Care level - 4

- Encourage patient to fill a HCPOA

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
05/06/2021	Counseling	Plan of Care	Nassaralla, Claudia	Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Nassaralla, Claudia M.D. on 05/06/2021 14:48

Requested to be reviewed by Moore, Peggy APRN-BC.

Review documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	MANNA, LOUIS ANTHONY	Reg #:	09211-050
Date of Birth:	12/02/1929	Sex:	M
Encounter Date:	05/05/2021 11:19	Provider:	Nassaralla, Claudia M.D.
		Race:	WHITE
		Facility:	RCH

Reviewed by Moore, Peggy APRN-BC on 05/12/2021 11:49.